Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).					
I hereby appoint:					
✓ Pre	ctitioners associated with the Customer Number;		22446		
OR					
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):					
	Name	me Registration Name Number Name		ame	Registration Number

			***************************************	~~~	
L			*****		
				***************************************	***************************************
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records of assignment documents attached to this form in accordance with 37 CFR 3.73(b).					
Please change the correspondence address for the application identified in the attached statement under 37 GFR 3,73(b) to:					
,			***************************************		
The address associated with Customer Number: 22446					
OR					
Firm or Individual Name					
Address					
City		Ctata	NYAA	77.	
		State		Zip	
Country					
Telephor	ie		Emali		
Assignee Name and Address:					
RealMed Corporation, 5 Parkwood Crossing, 510 East 96th Street, Suite 400, Indianapolis, IN 46240					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTC/SB/96 or equivalent) is required to be					
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of					
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.					
SIGNATURE of Assignee of Record					
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Signature	Set Electron		ľ	Date MAY 2, :	2012
Name	Scott E. Her	bst		Telephone (317) 8	4-6784
Title	Senior Vice President of Provider Solutions				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.C. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.